PTO/SB/30 (09-04)

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Request For Continued Examination (RCE) Transmittal

Address to: MS RCE **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

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Application Number	10/087,190				
Filing Date	February 28, 2002				
First Named Inventor	Pia M. CHALLITA-EID				
Art Unit	1642				
Examiner Name	D. Blanchard				
Attorney Docket Number	511582003420				

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

s, 1995, of to any design approximation.									
1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).									
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.									
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on									
· ii. Other									
b. x Enclosed									
i. X Amendment/Reply (11 pages) iii. Information Disclosure Statement (IDS)									
ii. Affidavit(s)/Declaration(s) iv. X Other Fee transmittal in duplicate (2 pages); return reciept postcard									
2. Miscellaneous									
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a									
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)									
b. Other									
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.									
a. X The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.									
i. X RCE fee required under 37 CFR 1.17(e)									
ii. Extension of time fee (37 CFR 1.136 and 1.17)									
iii. Other									
b. Check in the amount of \$ enclosed									
c. Payment by credit card (Form PTO-2038 enclosed)									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED									
100.000									
Name (Print/Type) Robert K. Cerpa Registration No. 39,933									
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 53701573 5 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O., Box 1450, Alexandria, VA 22313-1450, on the date shown									

below. evoque Matis (Georgina Matos)

Dated: July 6, 2005

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032

Effective on 12/08/2004 Filing Date February 28, 2002 Filing Patri	Under the Pa	perwork Reduction Act of 1	995, no person are required to		it and Tradema	ived for use throug ark Office; U.S. De on unless it display	PARTMENT OF	COMMERCE			
FEE TRANSMITTAL For FY 2005 Summer Name February 28, 2002 First Name Investor Fia M. CHALLITA-EID	e.										
First Named Inventor	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10							
Examiner Name D. Blanchard	FEE TRANSMITTAL		Filing Date								
X Application Similar Individuals See 37 CFR 1.27 Art Unit 1642					"						
METHOD OF PAYMENT (s) 395.00 Attorney Docket No. 511582003420											
Check Credit Card Money Order None Other (please identify):	X Applicant claims small entity status. See 37 CFR 1.27			741 0111							
Check	TOTAL AMOU	Attorney Docket	No.	51158200342	20						
Norrison & Foerster LLP	METHOD OF PAYMENT (check all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Credit	Check Credit Card Money Order Other (please identify):										
Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayment of X Credit any overpayments	x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any and any any and any and any any and any any and any	For the	above-identified depos	sit account, the Director is	hereby authorize	ed to: (chec	k all that apply)				
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$) Fee	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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FillNG FEES Small Entity Fee (\$) Fee (<u>.</u>							
Application Type	1. BASIC FILIN	G, SEARCH, AND EX	AMINATION FEES								
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Design	Application T	ype Fee (\$)			Fee (\$)		Fees Pa	id (\$)			
Plant	Utility	300	150 500	250	200	100					
Reissue 300 150 500 250 600 300	Design	200	100 100	50	130	65					
Provisional 200 100 0 0 0 0 0 0 0	Plant	200	100 300	150	160	80					
Signature Sign	Reissue	300	150 500	250	600	300					
Fee (\$) Fee (\$) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims 16	Provisional	200	100 0	0	0	0					
Each claim over 20 (including Reissues) Each lidependent claim over 3 (including Reissues) Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 16 -77 = 0 x 25.00 = 0.00 Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) 180.00 180.00 Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) 2 -3 = 0 x 100.00 = 0.00 SAPPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 (round up to a whole number) x = 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 395.00	2. EXCESS CL	AIM FEES	·								
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(Attorney/Agent) 33,933 Telephone (030) 613-3713	SUBMITTED BY										
	Signature	Mu	int		39,933	Telephone	(650) 813-	5715			
	Name (Print/Type)	Robert K. Cerpa	<u> </u>			Date	July 6, 2	005			